TEXAS WOMAN'S UNIVERSITY BLOOD BORNE PATHOGEN EXPOSURE

HOW TO FILE A CLAIM



Mail all prescription drug receipts, medical and hospital bills to the address below. Make sure the following information is included with the bills (some of the information may be printed on the bills, but you may be asked to provide additional information):

Patient Information:

- Name
- · Date of Birth

Insured Student Information:

- Name
- Address
- Social Security Number
- Name of school student attends

File claims within 30 days of Injury or first treatment for a Sickness or as soon as reasonably possible. Bills should be received by the Company within 90 days of service. Bills submitted after one year will not be considered for payment except in the absence of legal capacity.

Submit all Claims and Inquiries to:

Commercial Travelers 70 Genesee St. Utica, NY 13502

Commerical Travelers Customer Service: 1-800-756-3702 All Other Calls: 1-855-357-0245

AHP-CP(14) - TWU BBPE

